## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2008 08:00 AN Secretary of State **DOCUMENT # P95000061689** RICHARD'S PROMOTIONS, INC. Principal Place of Business Mailing Address PO BOX 7058 1732 HWY US 27 NORTH AVON PARK, FL 33826 AVON PARK, FL 33825 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3342044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, RALPH R 4910 MACKEREL DR SEBRING, FL 33870 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing. \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME RODRIGUEZ, RALPH R 4910 MCCKEREL DR. STREET ADDRESS SEBRINGS, FL 33870 CITY-ST-ZIP U00000949660 06/03/08-80037-003 150.00 TITLE-NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR